



Congressman Ed Perlmutter
Immigration
Privacy Release Form
(required by the Privacy Act of 1974)

Thank you for contacting me for assistance. By providing the following information, my office will be authorized to make inquiries regarding your case. It is my pleasure to help you resolve any issues or problems you may be experiencing.

Constituent Name: _____

Date of Birth: _____ Today's Date: _____

Constituent Address: _____
(Street)

(City) (State) (Zip)

Contact Numbers: _____ (home) _____ (work)

_____ (cell) _____ (fax)

_____ (email address)

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Congressman Ed Perlmutter (CO-7th Congressional District) and the Member's staff.

Signature (sign in ink): _____ Date: _____

If you are working with another congressional office, please indicate: _____

Agency or Office: _____ Case Number, if any: _____

Brief description of concern and **desired result** (or attach letter):
